#### FORM D **UNITED STATES** OMB APPROVAL SECURITIES AND EXCHANGE COMMISSION OMB Number: 3235-0076 Washington, D.C. 20549 Expires: December 31, 2002 Estimated average burden hours per response.....16.00 FORM D IUL 22 2001 NOTICE OF SALE OF SECURITIES SEC USE ONLY THUMSQN PURSUANT TO REGULATION D. **Prefix** Serial FINANCIAL SECTION 4(6), AND/OR NIFORM LIMITED OFFERING EXEMPTION **DATE RECEIVED** MANUAL Name of Offering ( check if this is an amendment and name has changed, and indicate change.) ☐ Rule 504 ☐ ULOE Filing Under (Check box(es) that apply): ☐ Rule 505 ☑ Rule 506 ☐ Section 4(6) Type of Filing: New Filing □ Amendment A. BASIC IDENTIFICATION DATA Enter the information requested about the issuer Name of Issuer ( check if this is an amendment and name has changed, and indicate change.) Independent Forensics of Illinois, L.L.C. Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 2201 West Campbell Park Drive, Chicago, IL 60612 (630) 667-3757 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) (if different from Executive Offices) **Brief Description of Business** Providing DNA testing technology and services. Type of Business Organization corporation ☐ limited partnership, already formed 02044692 ☑ other (please \_\_\_\_ business trust ☐ limited partnership, to be formed Month Year 0 3 Actual or Estimated Date of Incorporation or Organization: 0 2 Actual ☐ Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: L

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

CN for Canada; FN for other foreign jurisdiction)

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

# A: BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years.
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - · Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Mitzen, Andy	individual)				
Business or Residence Addre 2201 West Campbell Park D	ess (Number and rive, Chicago, IL 6	Street, City, State, Zip Co 50612	de)		
Check Box(es) that Apply:	⊠ Promoter	⊠ Beneficial Owner	⊠ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if Keehma, Jack	individual)				
Business or Residence Addre 2201 West Campbell Park Dr			de)		
Check Box(es) that Apply:	⊠ Promoter	⊠ Beneficial Owner	⊠ Executive Officer	☐ Director	☑ General and/or Managing Partner
Full Name (Last name first, if Reich, Karl	individual)				
Business or Residence Addre 2201 West Campbell Park Dr			de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☑ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Giroux, Karen	individual)				
Business or Residence Addre 2201 West Campbell Park Dr	ess (Number and ive, Chicago, IL 6	Street, City, State, Zip Co	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ess (Number and	Street, City, State, Zip Coo	de)		
Check Box(es) that Apply:	□ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zip Coo	de)		
(Use blank sheet, or copy and	l use additional co	pies of this sheet, as nece	essary.)		

	111			J 14- 4- 3- 4- 4-	B. INF	ORMATIC	N ABOU	T OFFERI	NG				
Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes □	No ⊠				
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What is the	e minimum	investment	that will be	accepted fr	om any indi	vidual?	•••••	••••••		\$	100	,000
3.	3. Does the offering permit joint ownership of a single unit?										Yes	No	
4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission of similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.													
	Name (Las Applicabl		t, if individu	al)									_
Bus	siness or Re	esidence Ad	ddress (Nun	nber and Str	eet, City, S	tate, Zip Co	de)					_	
Nar	me of Assoc	ciated Broke	er or Dealer										
Sta	tes in Whic	h Person Li	sted Has So	olicited or In	tends to Sc	licit Purchas	sers				<del>-</del>		
	(Check "A	II States" or	check indi	vidual State:	s)			•••••	•••••				
	[ AL ]	[AK]	[AZ]	[ AR ]	[ CA ]	[CO]	[CT]	[DE]	[DC]	[FL]	[ GA ]	[Hi]	[ ID ]
	[  L ]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	[ ME ]	[ MD ]	[ MA ]	[ MI ]	[ MN ]	[MS]	[ MO ]
	[ MT ]	[ NE ]	[ NV ]	[ NH ]	[ NJ ]	[ MM ]	[ NY ]	[NC]	[ ND ]	[OH]	[OK]	[OR]	[PA]
	[RI]	[ SC ]	[SD]	[TN]	[TX]	[ UT ]	[VT]	[ VA ]	[ WA ]	[WV]	[WI]	[WY]	[PR]
	···			nber and Str	eet, City, S	tate, Zip Co	de)		•				
Nan	ne of Assoc	ated Broke	er or Dealer										
Stat	tes in Which	n Person Li	sted Has So	olicited or Int	tends to So	licit Purchas	ers						
	(Check "A	II States" or	check indiv	vidual States	3)			•••••					
	[ AL ]	[ AK]	[ AZ ]	[AR]	[CA]	[CO]	[ CT ]	[DE]	[DC]	[ FL ]	[GA]	[HI]	[ ID ]
	[1L]	[ IN ]	[ IA ]	[KS]	[KY]	[LA]	(ME)	[ MD ]	[ MA ]	[ MI ]	[ MN ]	[MS]	[ MO ]
	[ MT ]	[ NE ]	[NV]	[ NH ]	[ NJ ]	[ NM ]	[NY]	[ NC ]	[ ND ]	[ OH ]	[OK]	[OR]	[PA]
	[RI]	[ SC ]	[ SD ]	[TN]	[XX]	[UT]	[VT]	[VA]	[WA]	[WV]	[ WI ]	[WY]	[ PR ]
Full	Name (Las	t name first	, if individua	al)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Name of Associated Broker or Dealer													
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers													
(Check "All States" or check individual States)													
[AL] [AK] [AZ] [AR] [CA] [CO] [CT] [DE] [DC] [FL] [GA] [HI] [I										[ID]			
	[11]	[ IN ]	[ AI ]	[KS]	[KY]	[LA]	[ ME ]	[ MD ]	[ MA ]	[MI]	[ MN ]	[MS]	[ MO ]
	[ MT ]	[ NE ]	[ NV ]	[ NH ]	[ NJ ]	[ NM ]	[NY]	[ NC ]	[ ND ]	[OH]	[OK]	[OR]	[PA]
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[ VA ]	[WA]	[WV]	[WI]	[WY]	[PR]
(Use	Blank She	et, or copy	and use ad	ditional copi	es of this s	heet, as ned	essary.)						

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		regate ing Price		Amount Already Sold
	Debt	\$		\$	
	Equity	\$		\$	
	☐ Common ☐ Preferred			-	· · · · · · · · · · · · · · · · · · ·
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests		-	\$	
	Other (Specify): Membership Interests	\$	5,000,000	<b>\$</b>	
	Total	<u></u>	5,000,000	- \$	
	Answer also in Appendix, Column 3, if filing under ULOE.		<del></del>	-	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			imber estors		Aggregate Dollar Amount of Purchases
	Accredited Investors			\$_	·
	Non-accredited Investors			\$_	
	Total (for filings under Rule 504 only)			\$_	
	Answer also in Appendix, Column 3, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information required for all securities sold by the issuer, to date, in offering of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.				
	Type of offering		pe of curity		Dollar Amount Sold
	Rule 505		·	\$	
	Regulation A			- \$	<del></del>
	Rule 504			- \$	
	Total			- \$	
	4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			-	
	Transfer Agent's Fees			\$	
	Printing and Engraving Costs			<b>5</b>	
	Legal Fees		🗵	<b>5</b>	10,000
	Accounting Fees			_ \$	
	Engineering Fees			- \$	
	Sales Commissions (specify finders' fees separately)			 \$	
	Other Expenses (identify) Blue Sky Filing Fees			_ \$	1,500
	Total			_	11,500
			_		

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES	AND (	JSE	OF PROCEE	DS -		
	b. Enter the difference between the aggregate offering price given in response to Part Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is "adjusted gross proceeds to the issuer."	s the	•••			\$_	4,988,500
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be u each of the purposes shown. If the amount for any purpose is not known, furnish an estimatheck the box to the left of the estimate. The total of the payments listed must equal the adjusted proceeds to the issuer set forth in response to Part C - Question 4.b above.	te and					
				Payments to Officers, Directors, & Affiliates			Payments to Others
	Salaries and fees	X	\$	440,000	×	\$	409,000
	Purchase of real estate		\$			\$	
	Purchase, rental or leasing and installation of machinery and equipment		\$		· 区	\$	820,000
	Construction or leasing of plant buildings and facilities		\$	-	×	\$	48,000
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issue pursuant to a merger)		\$			<b>S</b>	
		_	Ĭ-		_	-	
	Repayment of indebtedness	_	\$ -			\$ -	
	Working capital		\$ -		X	\$ -	2,861,500
	Other (specify): Marketing and related expense		\$_		X	\$_	289,000
	Outside Services		_		X		121,000
	Column Totals	×	\$	440,000	X	\$	4,548,500
	Total Payments Listed (column totals added)		-	⊠ \$ 4	1,988	500	
	D. FEDERAL SIGNATURE						et assert and a
α	he issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the issuer has duly caused this notice to be signed by the undersigned duly authorized person. If the onstitutes and undertaking by the issuer to furnish to the U.S. Securities and Exchange Commisum is the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502.						
ls	ssuer (Print or Type) Signature			D	ate		
in	ndependent Forensics of Illinois, L.L.C.			<i></i>	un	2	8,2002
N	lame of Signer (Print or Type)  Title of Signer (Print or Type)						
_/	MANAGER JACK KEEHMA						
	ATTENTION	<del></del>					

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.								
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.								
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.								
	issuer has read this notification and knows the contents orized person.	to be true and has duly caused this notice to be signed on its b	ehalf by the undersigned duly						
Issu	er (Print or Type)	Signature	Date						
Independent Forensics of Illinois, L.L.C.		(LAck Keehn	100E 28 , 2002						
Nan	ne of Signer (Print or Type)	Title of Signer (Print or Type)							

MANNGER

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?

### Instruction:

JACK KEEHMA

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

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